McLeod Health Outpatient COVID-19 Treatment Algorithm

AT THIS TIME MONOCLONAL ANTIBODY THERAPY IS NOT AVAILBALE DUE TO THE HIGH RESISTANCE RATES OF COVID-19 VARIANTS IN OUR AREA.
PATIENTS AT HIGH RISK SHOULD BE PROVIDED PRESCRIPTIONS FOR THE ALTERNATIVE ORAL THERAPIES.

- When deciding to prescribe antiviral treatment to a patient, clinicians should assess conditions associated with a high risk of disease progression and COVID-19 vaccination status.
- These conditions include older age, a prolonged amount of time since the most recent vaccine dose (i.e., >4–6 months), and a decreased likelihood of an adequate immune response to vaccination due to a moderate to severe immunocompromising condition or the receipt of immunosuppressive medications.
- The number and severity of the risk factors affects the level of risk.
- For a list of risk factors, see the CDC webpage Underlying Medical Conditions Associated With Higher Risk for Severe COVID-19.

For Patients Who Are at High Risk of Progressing to Severe COVID-19:
Preferred regimen: Nirmatrelvir/ritonavir (PAXlovid) PO BID x 5 d
Alternate regimen: Molnupiravir oral twice daily x 5 d*
*DO NOT use molnupiravir in pregnancy. Patients of reproductive age should be counseled on the risks of fetal toxicity.

- These therapies have proven beneficial only in mild to moderate disease; therefore, patients do not qualify for these treatments if they have a new requirement for supplemental oxygen or an increased need from their baseline supplemental oxygen rate due to COVID-19 (severe disease).
- For patients eligible to receive outpatient therapy for mild to moderate COVID-19, **treatment should be started as soon as possible after developing COVID-19 symptoms and/or test positive for SARS-CoV-2**. The greatest benefit is **within 5 days of symptom onset.**
- These therapies have not been studied in combination. Patients should only receive **one** regimen.
- All listed medications are under Emergency Use Authorization (EUA) through the FDA. Patients should be counseled on the risks and benefits of therapy and provided with a Fact Sheet for Patients and Caregivers for the specific medication before prescribing EUA therapies.

COVID-19 MEDICATION AVAILABILITY MAY BE LOCATED AT:
https://healthdata.gov/Health/COVID-19-Public-Therapeutic-Locator/rxn6-qnx8

Supplemental Information:

Nirmatrelvir/ritonavir (Paxlovid) - FREE

- **Dose:** Two 150 mg tablets of nirmatrelvir (300 mg total per dose) + one 100 mg tablet of ritonavir PO twice daily (dispensed from pharmacy in blister packs)
  - AVOID if creatinine clearance (CrCl) is less than 30 mL/min or end stage renal disease
  - CrCl between 30-59 mL/min: 1 tablet nirmatrelvir 150 mg + 1 tablet ritonavir 100 mg PO twice daily x 5 days
  - AVOID in patients with severe hepatic impairment
- **FDA EUA Indication:** 12+ years old weighing > 40 kg
  - Paxlovid Fact Sheet for Patients, Parents, and Caregivers
- **Drug interaction screening is extremely important due to known major and potentially life-threatening drug interactions with ritonavir (see NIH Statement on Paxlovid Drug Interactions for more information).**
- **Access Pathway:** Prescriptions must be sent to SC DHEC-designated pharmacy (see therapeutic locator)

Molnupiravir (Lagevrio) - FREE

- **Dose:** Four 200 mg tablets (800 mg total per dose) by mouth twice daily x 5 days
- **FDA EUA Indication:** 18+ years old
  - Molnupiravir Fact Sheet for Patients and Caregivers
- DO NOT USE in pregnancy. Consider confirming negative pregnancy test.
- Patients of reproductive potential should be counseled to use a reliable method of contraception correctly and consistently for the 5-day duration of molnupiravir plus an additional 4 days after completing therapy for females and an additional 3 months for males with partners who may become pregnant.
- **Access Pathway:** Prescriptions must be sent to SC DHEC-designated pharmacy (see therapeutic locator)